

Reflections of a bi-cultural journey



Community and Voluntary
Sector Research Forum
Tues 24 June 2014
Cherida Fraser

Principles to begin with



- Community oriented health psychologists have a responsibility to describe lived experience with proposed solutions (Hodgetts, Chamberlain, Tankel, & Groot, 2014)
- Change deficit discourse to privilege discourse and the onus of responsibility for equality shifts somewhat to the privileged (Borell, Gregory, McCreanor, Jensen, and Moewaka Barnes, 2009)
- “the more freely [the coloniser] breathes, the more the colonised are choked” (Memmi, 1967, p.8)

What is CART? Who am I?

Consultancy Advocacy Research Trust

- “Maori organisation working directly with and for the hard-to-reach and difficult-to deal-with communities of South Wellington and elsewhere in Aotearoa, New Zealand. These people are often referred to as ‘Dole Bludgers’, ‘Drug Addicts’ or ‘Gang Members’.”
(www.cart.org.nz)
- Health and wellbeing
- Resilience
- Whānau ora

Cherida

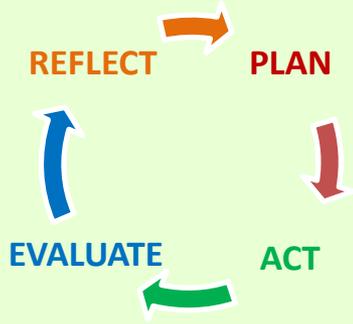
- Pākehā
 - Privileged
 - Educated/Master’s student
 - Outsider
 - How to make a difference???
- The networks are there – seek them out and make them work as best you can

The AppleCART Project epistemology

is found at the intersection of Māori, Pākehā, community and mainstream academic approaches.

- Māori epistemology
 - whakapapa, holistic
- Pākehā epistemology
 - independent constructs, invisible identity positions (Pākehā privilege)
- Community
 - experiential knowledge
- Mainstream academic
 - Social theory (Bourdieu, Putnam)

Background research

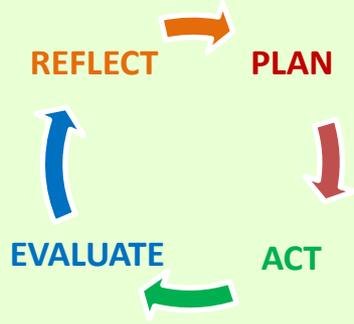


- Māori health statistics
- Māori identity constructs and models of wellbeing
 - Durie (1998); McIntosh (2005); Houkamau & Sibley (2010); Pere (1988)
- Barriers to healthy eating
 - Cost ; Preparation; Taste; Habits of childhood/whānau; Absence of te reo Māori and relevance in healthy food messages
- Social capital
 - Putnam (trust, reciprocity, participation, networks, norms); Bourdieu (actual or perceived access to pooled community resources)
- Action research methodology – qualitative methods/ethnography
- Indigenous psychologies



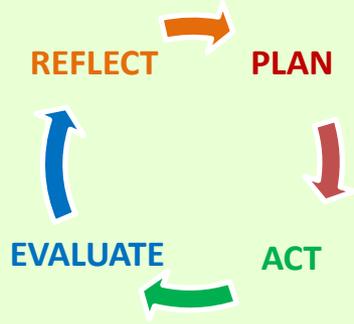
Research objectives

- 12 weeks
 - Weekly recipe boxes delivered
 - Fortnightly cooking workshops
 - Shared lunch
- Describe the reality of the meal/food practices of the CART community
 - Is The AppleCART Project an effective way to improve dietary habits within the community?
 - Does regular contact with community members increase social capital (trust, participation, reciprocity, norms, networks)?



How did I get my info?

- Pre-project interviews with 10 participants (7 Māori, 1 Pacific, 2 Pākehā)
 - Food buying, eating, sharing
 - Community connectedness (SC markers)
 - Social resources (eg. Do you know someone who could look after the kids at short notice?)
- Workshop observations
- Post-project feedback and discussion
- Keeping an action research diary



AppleCART findings

- Ethnography
- Diet and food practices
- Social capital
- Discussion/Reflections

CART as urban marae

Personal relationships:

- *“Um, I mean even just coming up here and having a cup of tea you know, I’m part of the family I’ve been coming here for a few years, the kids go to the holiday programme, they’re really good. They’re more help to me than my family.” (Kelly)*

Gym:

- *“If I wasn’t going to the gym I’d probably be getting into trouble – by the time he’s finished with us I don’t have any energy left to do anything else” (Jodi)*

CART as urban marae

CART provides individual support in many ways:

“Then Tasha will come over and take [my son] to school if it’s raining, she’ll take him to school and pick him up, take me to do the shopping and stuff like that” (Tamara)

“He was amazing and very supportive to me actually. Like one of my kids was being really difficult and he’d meet him once a week, take him and do some sport and stuff. And he used to tell me what a good job I was doing. Like a pep talk.” (Sarah)

“I had to write about an organisation and I came in here and the guy who was here before, he helped me. He helped me with it. So in that kind of way they helped me and were really supportive.” (Paula)

Diet and food practices

- Average spend per person per week \$29-\$39/\$33-\$43

(recommended minimum for healthy diet \$37 for a 5yr old, \$57 for a 10yr old, \$85 for a teenage boy, \$64 for a woman, (Food Cost Survey 2012, University of Otago))

- 5/10 relied on food banks, food grants, others = low food security

“I go to the food bank every week, but I’m getting sick of that cause it’s just the same shit. Baked beans, a couple of tins of fruit, eggs as well, and potatoes, um, yeah, don’t really get jackshit” (Kelly)

Diet and food practices

- There is a health conscious narrative that shows through

*“I’ve always got fruit there for [my son]. He loves it”
(Tamara)*

- But some evidence of lack of prep skills

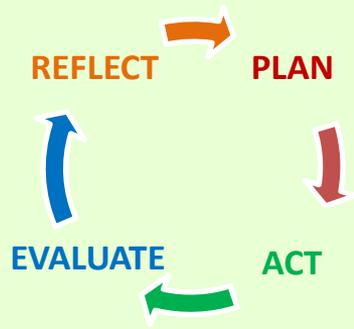
Literacy

Eg. chopping onion (Linda)

“Healthy food is so expensive... if I knew how to cook it all” (Charmaine)

Social capital

- Most resources were accessed through whānau
- Where whānau didn't provide, CART did
- Higher levels of expressive capital (trust, reciprocity-->wellbeing)
- Lower levels of instrumental capital (networks --> power)



The AppleCART Project

Did it help to improve diet?

Yes, in baby steps...

- Introduction of new ingredients
- Vegetable prep skills
- Recipe ideas could be recreated

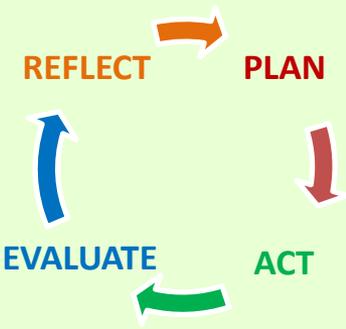
‘can’t read well so cooking workshops quite useful’
(post-project notes)

Did it increase social capital?

Don’t know for sure, BUT...

- Higher participation from more isolated participants

‘Enjoyed the challenge of the cooking and bonding with other participants’ (Post-project notes)



Reflections

There was a cultural difference in how we built relationships:

- Tama (Māori) – genealogy, history, life experiences
- Emma (Pākehā) – my pregnancy, my studies, current events
- Merania (bi-cultural*) – both relational and instrumental depending on ‘requirements’

Reflections

trying to untangle culture

Embodied deprivation

(Hodgetts, Radley, Chamberlain & Hodgetts, 2007)

- repeated experiences of poverty manifest in the body
 - Kelly – pneumonia, ODD
 - Tamara – anxiety

Expressive capital as protective factor against poverty

- links with Maori identity constructs
- Stronger whanau relationships = less in need of CART – more resilient?
- Instrumental capital/support less important?

Reflections

How did the two approaches function for The AppleCART Project?

Relational

- *“I belong therefore I am”*
- Connections to ‘hard-to-reach’
- Participant selection and engagement based on loyalty and relationships
- Flexibility
- Focus on maintaining relationships

Instrumental Rational

- *“I think therefore I am”*
- Criteria to access services
- Meritocracy
- Personal responsibility
- Rules of engagement
- Motivation to participate based on physical factors eg cost, skills
- Focus on process

Reflections

Pleasing two masters

'Hard-to-reach' Māori

Navigating community
(dis)engagement

Flexibility

Holistic well-being

Government funding bodies

Adhering to beaurocratic
protocols

Rigidity

Detailed measures of
outcomes

***Nā tō rourou, nā taku rourou ka ora ai
te iwi***

*with your food basket, and my food basket, the people
will thrive*